

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90071 028 ***158.75

DOCUMENT # H53690

1. Entity Name
THE TRAVEL TOUCH, INC.

DBA TRAVEL IS OUR BUSINESS



Principal Place of Business
**1120 BELAIRE DR W
PEMBROKE PINES FL 33027**

Mailing Address
**20846 NE 32 AVE.
AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

20846 N.E. 32 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

AVENTURA, FL

City & State

4. FEI Number

59-2700833

Applied For

Not Applicable

Zip

Country

Zip

Country

33180

USA

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, BONNIE

20846 NE 32 AVE

~~**SUITE #250**~~

AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEVINE, LINDA E.**
STREET ADDRESS **1120 BELAIRE DRIVE WEST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **P** ☒ Change ☐ Addition
NAME **Levine/LINDA E.**
STREET ADDRESS **2716 KINGSINGTON Circle**
CITY-ST-ZIP **Weston, FL 33326 (26)**

TITLE **ST** ☐ Delete
NAME **LEVINE, BONNIE**
STREET ADDRESS **20846 NE 32 AVENUE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LEVINE, ROY**
STREET ADDRESS **20846 NE 32 AVENUE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LEVINE, BARRY**
STREET ADDRESS **1120 BELAIRE DRIVE WEST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **V** ☒ Change ☐ Addition
NAME **LEVINE BARRY**
STREET ADDRESS **2716 KINGSINGTON Circle**
CITY-ST-ZIP **Weston, FL 33326 (26)**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 3059331411
Date Daytime Phone #

CR2E034 (10/02)